

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00488742       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 01 / 17 / 2014</div> </div>	

Full Name of Payee <b>720 Strategies LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 01 / 16 / 2014</div> </div>	
Mailing Address 1111 19th St NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div>	
City Washington	State DC		
Purpose of Expenditure Website infrastructure costs	Category/ Type	Transaction ID : <b>E851AC9E4E1D34B81818</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>	
Name of Federal Candidate Rep. Pete A. Sessions			
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">30520.00</div>			

Full Name of Payee <b>Meath Media Group</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 01 / 16 / 2014</div> </div>	
Mailing Address 4441 Klinge St., NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25020.00</div>	
City Washington	State DC		
Purpose of Expenditure Online video production	Category/ Type	Transaction ID : <b>EFA0FD63C5380490AB57</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>	
Name of Federal Candidate Rep. Pete A. Sessions			
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">30520.00</div>			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">27020.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 19 / 2014

Signature

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB  
.

Form/Schedule: F24A

Transaction ID :

02/19/2014: Please be advised we are amending this 48 Hr. report filed on 1/17/2014 to reflect the correct name of the Treasurer. The Statement of Organization was amended on 2/14/2014 to update this information.

Form/Schedule:

Transaction ID:

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488742	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 01 / 17 / 2014	

Full Name of Payee <b>720 Strategies LLC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 16 / 2014	
Mailing Address 1111 19th St NW		Amount 3500.00	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : E62551033D7224C95BC6
Purpose of Expenditure Website design costs	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Rep. Pete A. Sessions		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		30520.00	

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	30520.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2014

Signature